



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
DELAWARE COUNCIL ON REAL ESTATE APPRAISERS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR APPROVAL OF EDUCATIONAL ACTIVITY

General Information and Instructions

To be approved, an activity must be an organized real estate appraiser related education experience offered under responsible sponsorship, capable direction, and qualified instruction. For complete information on continuing education (CE) requirements, refer to the Council's Rules and Regulations at dpr.delaware.gov.

- ☐ Complete the *Application for Approval of Educational Activity* form in its entirety. Attach the following documentation:
- ☐ Detailed outline of the course offering. Explain the activity's educational objective and testing method (if any).
 - ☐ Current resume for each instructor.
 - ☐ Proof of AQB or IDEC approval, if applicable.
- ☐ Mail the Council office at the address above.
- To assure that an application will be on the Council's agenda, the Council office must receive the application *ten full business days* before the Council's [meeting date](#).
 - After the meeting, the Council office will notify the applicant in writing of the approval or denial of education credit.

Applicant

Name of Person/Organization Submitting Application: _____
Applicant Named is (check one): ☐ Course Provider or Representative ☐ Licensee/Certificate Holder – Enter:
Mailing Address: _____
Phone: _____ Email: _____

Course Provider Information

Name of Course Provider: _____
Address: _____
Program Director: _____ Title: _____
Phone: _____ Fax: _____ Email: _____

Course Information

Attach detailed outline with explanation of educational objective and testing method (if any).

Program Title: _____
Date(s) Offered: _____
Location Offered: _____
Method of Instruction (e.g., classroom, online): _____
Type of Program: ☐ Continuing Education ☐ Qualifying Education
Has this program received AQB or IDEC approval? Yes ☐ No ☐ If yes, attach proof of approval.
Number of Hours of Education Credit Requested: _____ (A credit hour is defined as 50 minutes of instruction.)

Instructor Information

Attach current resume for each instructor.

Instructor Name(s): _____

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Approved? Yes ☐ No ☐ Number of Hours Approved: _____ QE ☐ CE ☐ Approval expiration date: _____

Council Representative: _____ Date: _____